

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/634225 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1	1			
3				1		
4					1	
5	4		3			
6	4		3			
7	4		3			
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50						
TOTAL IND.	1					
TOTAL DEP.	21	→	14	→		
TOTAL CLAIMS	22		15			

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.		→		→	
TOTAL CLAIMS					